Contra Costa County
EHSD Community Services Bureau

Mail To: 40 Douglas Drive, Martinez, CA 94553 Attn. Christina
Or Fax To: (925) 313-1710, Attn. Christina
Or if completed on site: Turn in to one of our staff upon completion

Pre-Application Screening Form for Head Start
Early Head Start and State Child Development Programs for children 0-5 years of age

Parent/Primary Caregiver Information

Name: _____ DOB: _____ Primary Language: _____

Address: _____ Phone: _____
Street City Zip

Employment Status:
☐ Employed/In Training Name of Employer/School: _____
☐ Seeking Employment
☐ Incapacitated
Gross Monthly Income: $_____ Source of Income: _____

Parent/Secondary Caregiver Information: *(if applicable)*

Name: _____ DOB: _____ Primary Language: _____

Address: _____ Phone Number: _____

Employment Status:
☐ Employed/In Training Name of Employer/School: _____
☐ Seeking Employment
☐ Incapacitated
Gross Monthly Income: $_____ Source of Income: _____

Family/Household Information:

Number in Household: _____ Number of Family Living at Home: _____

Tell us about your child(ren) needing child care/pre-school services:

Child's Name	Date of Birth	Hours of Care Needed
1)		
2)		
3)		
4)		

How did you hear about us:

☐ Flyer ☐ Friend ☐ Website ☐ Agency *(please name)*: _____
☐ Other: _____

Thank you for your interest in our program. We will contact you within three days of receipt by our office.

For Office Use Only:

Site Preferences:
1st _____
2nd _____
3rd _____

TANF: ☐ Yes ☐ No CPS Case: ☐ Yes ☐ No
Disabilities: ☐ Yes ☐ No Other Special Need: _____
Follow-up Handled By: _____ Date: _____
Comments: